

FILED MAY 8 1944

Registration District No. 15

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Primary Registration District No. 3015

Registrar's No. 27

## 1. PLACE OF DEATH:

(a) County CLINTON  
(b) City or town CAMERON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
301 N Cherry St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10  
(Specify whether  
In this community 50 yrs.  
years, months or days)

3. (a) PRINT FULL NAME MARTHA JANE BLACKETER3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife Harrison Blacketer 6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased June 26 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days - If less than one day  
hr. - min. -

9. Birthplace Iowa  
(City, town, or county) (State or foreign country)10. Usual occupation at home

## 11. Industry or business.

MOTHER FATHER { 12. Name No record  
13. Birthplace No record 9  
(City, town, or county) (State or foreign country)  
14. Maiden name No record  
15. Birthplace No record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Maurice Blacketer(b) Address Cameron, Mo.17. (a) Burial (b) Date thereof 4 29 44  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Graceland18. (a) Signature of funeral director Poland Funeral Home(b) Address Cameron Mo.19. (a) Apr. 28, 1944 (b) Mrs. Kathleen Harris  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton  
(c) City or town Cameron  
(If outside city or town limits, write "RURAL")  
(d) Street No. 301 N Cherry  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 17

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 26  
year 1944 hour - minute - M.21. I hereby certify that I attended the deceased from 10 to -, 1944;  
that I last saw him alive None, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 0  
Hypertension 1 yr  
Due to -  
Due to -

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: None  
Of operations None  
Of autopsy None

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 623. Signature M. B. Baldwin (Seal)  
Address Clinton, Mo. Date Apr 26 44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Herald I. Wade*

Licensed Embalmer No. 4172

P. O. Address Cameron Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.